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■ This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Substance Use Screening and Risk Assessment in Adults. The full guideline is available at www.suguidelinesnys.org.



• Urine toxicology, measures of blood alcohol level, and other laboratory tests should not be relied on for identifying unhealthy drug use.

• It is important to ask patients about substance use during an initial visit and during follow-up visits because patterns of use may change over time. Annual screening may be most appropriate, and most validated alcohol and drug screening questionnaires ask about use in the past year.

• It is important to inform patients that information about their substance use is protected by the same privacy laws that apply to all other information in their medical records.

KEY POINTS

DSM-5-TR Diagnostic Criteria for Diagnosing and Classifying Substance Use Disorders [a,b]

| Criteria Type | Description |
|--|--|
| Impaired control over substance use (DSM-5-TR criteria 1 to 4) | <ul style="list-style-type: none"> • Consuming the substance in larger amounts and for a longer amount of time than intended. • Persistent desire to cut down or regulate use. The individual may have unsuccessfully attempted to stop in the past. • Spending a great deal of time obtaining, using, or recovering from the effects of substance use. • Experiencing craving, a pressing desire to use the substance. |
| Social impairment (DSM-5-TR criteria 5 to 7) | <ul style="list-style-type: none"> • Substance use impairs ability to fulfill major obligations at work, school, or home. • Continued use of the substance despite it causing significant social or interpersonal problems. • Reduction or discontinuation of recreational, social, or occupational activities because of substance use. |
| Risky use (DSM-5-TR criteria 8 and 9) | <ul style="list-style-type: none"> • Recurrent substance use in physically unsafe environments. • Persistent substance use despite knowledge that it may cause or exacerbate physical or psychological problems |
| Pharmacologic (DSM-5-TR criteria 10 and 11) | <ul style="list-style-type: none"> • Tolerance: Individual requires increasingly higher doses of the substance to achieve the desired effect, or the usual dose has a reduced effect; individuals may build tolerance to specific symptoms at different rates. • Withdrawal: A collection of signs and symptoms that occurs when blood and tissue levels of the substance decrease. Individuals are likely to seek the substance to relieve symptoms. No documented withdrawal symptoms from hallucinogens, PCP, or inhalants. • Note: Individuals can have an SUD with prescription medications, so tolerance and withdrawal (criteria 10 and 11) in the context of appropriate medical treatment do <i>not</i> count as criteria for an SUD. |

Abbreviations: DSM-5-TR; Diagnostic and Statistical Manual of Mental Disorders-TR; PCP, phencyclidine; SUD, substance use disorder.

Abbreviations:

- Adapted from [APA 2022]; see the full guideline for citations. Please consult the DSM-5-TR for substance-specific diagnostic information.
- SUDs are classified as mild, moderate, or severe based on how many of the 11 criteria are fulfilled: mild, any 2 or 3 criteria; moderate, any 4 or 5 criteria; severe, any 6 or more criteria.

• Clinicians should use standardized and validated tools to assess the level of risk associated with substance use (see Table 2: Brief, Validated Risk Assessment Tools for Use in Medical Settings With Adults ≥18 Years Old in full guideline). (A3)

• Clinicians should discern patients' perceptions of their substance use and adjust interventions using techniques informed by motivational interviewing. (A3)

• For patients with low-risk substance use, clinicians should:

- Provide positive reinforcement for minimizing risk. (B3)
- Repeat screening annually. (A3)

• For patients with moderate-risk substance use, clinicians should further explore patients' risk level (risk behaviors, pattern and quantity of use); if concern exists about high-risk use, perform or refer for SUD assessment with DSM-5-TR criteria. (A3)

• For patients with high-risk substance use, clinicians should perform or refer for SUD assessment with DSM-5-TR criteria. (A2 for alcohol, A3 for other drugs).

• For patients with moderate- or high-risk substance use not diagnosed as a use disorder, clinicians should:

- Offer brief advice on potential negative health consequences. (A3)
- Discuss harm reduction strategies, including reducing use. (A3)
- Provide or refer for a brief intervention informed by motivational interviewing. (A1 for alcohol, A3 for other drugs)
- Provide individualized follow-up. (A3)

Diagnosis of Substance Use Disorder

• Clinicians should use the DSM-5-TR criteria to diagnose an SUD and determine its severity. (A3)

• If patients present with symptoms consistent with both an SUD and a mental health disorder, clinicians should assess for both types of disorder and refer for specialty behavioral healthcare when indicated. (A3)

• Clinicians should engage in shared decision-making with patients diagnosed with an SUD to develop an individualized treatment plan that includes pharmacologic and behavioral treatment as indicated and available. (A3)

ALL RECOMMENDATIONS

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CLINICAL GUIDELINES PROGRAM ■ 1/4-FOLDED GUIDE

VISIT HIVGUIDELINES.ORG OR SUGUIDELINESNYS.ORG TO SEE FULL GUIDE



SUBSTANCE USE SCREENING, RISK ASSESSMENT, AND USE DISORDER DIAGNOSIS IN ADULTS

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE

MAY 2024

ALL RECOMMENDATIONS:

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Screening

- During the initial visit and once per year thereafter, primary care clinicians should screen for the following in adults ≥18 years old:
 - Alcohol use, and when unhealthy use is identified, assess the level of risk to the patient. (A1)
 - Tobacco use, and when it is identified, provide assessment and counseling. (A1)
 - Other drug use (B3), and when unhealthy use is identified, assess the level of risk to the patient. (A3)
 - See Figure 1: Substance Use Screening, Risk Assessment, Diagnosis, and Interventions.
- Before screening for substance use, clinicians should explain the benefits and risks of screening to all patients, especially those who are pregnant or planning to conceive; the discussion should include state reporting requirements and the potential for involvement of child protective services. (A3)
 - For information on the Child Abuse Prevention and Treatment Act (CAPTA) in New York State, see Plans of Safe Care for Infants and their Caregivers.
- Clinicians should also perform substance use screening to inform clinical care when:
 - Prescribing medication(s) that have adverse interactions with alcohol or drugs. (A2)
 - A patient has symptoms or medical conditions that could be caused or exacerbated by substance use. (A3)

Screening Tools

- Healthcare providers should use standardized and validated questionnaires for substance use screening (see Table 1: Recommended Validated Tools for Use in Medical Settings to Screen for Alcohol and Drug Use in Adults in full guideline). (A3)

Risk Assessment

- Clinicians should assess the level of substance use risk in individuals who have a positive substance use screening result or a history of substance use disorder (SUD) or overdose. (A3)

Figure 1: Substance Use Screening, Risk Assessment, Diagnosis, and Interventions

